

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		49	2/20/01
FORMALITY REVIEW	7M	TCR 84	3/2/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 ✗ ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	2/20/01
2	✓	✓	2/20/01
3	✓	✓	2/20/01
4	✓	✓	2/20/01
5	✓	✓	2/20/01
6	✓	✓	2/20/01
7	✓	✓	2/20/01
8	✓	✓	2/20/01
9	✓	✓	2/20/01
10	✓	✓	2/20/01
11	✓	✓	2/20/01
12	✓	✓	2/20/01
13	✓	✓	2/20/01
14	✓	✓	2/20/01
15	✓	✓	2/20/01
16	✓	✓	2/20/01
17	✓	✓	2/20/01
18	✓	✓	2/20/01
19	✓	✓	2/20/01
20	✓	✓	2/20/01
21	✓	✓	2/20/01
22	✓	✓	2/20/01
23	✓	✓	2/20/01
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Rest Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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